

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **16125**
Registrar's No. **3873**

FILED APR 23 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital			d. STREET ADDRESS (If rural, give location) 27 2832 Gamble 0		
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) HARRIS c. (Last) Redmond		4. DATE OF DEATH (Month) (Day) (Year) April 11 1953			
5. SEX MALE	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2-29-1876	9. AGE (in years last birthday) 77	10. UNDER 1 YEAR Months 1 Days 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) minister		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St Louis MO	
13a. FATHER'S NAME HENRY Redmond		13b. MOTHER'S MAIDEN NAME Frances Skinner		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. 489-12-2933		17. INFORMANT'S SIGNATURE OR NAME Udell Redmond ADDRESS 1334 Hanley	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES DUE TO (b) Hypertension <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X	
22. I hereby certify that I attended the deceased from 4-2 19 53 , to 4-11 19 53 , that I last saw the deceased alive on 4-11 19 53 , and that death occurred at 2:40 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE Edna E. Brooks (Degree of title) M. D.		23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 4-11-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/16/53		24c. NAME OF CEMETERY OR CREMATORY Father Dickerson	
24d. LOCATION (City, town, or county) St Louis County		24e. DATE REC'D BY LOCAL REG. APR 14 1953		24f. REGISTRAR'S SIGNATURE J. Earl Smith	
24g. FUNERAL DIRECTOR'S SIGNATURE Clarence Hauser		24h. ADDRESS 2812 Thomas			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Leroy W. Bonnisister

Licensed Embalmer No. 4523

P. O. Address. 3880 Easton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.